

U.S. PATENT AND TRADEMARK OFFICE; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known
FEE TRANSMITTAL For FY 2007		Application Number 09/665,065-Conf. #5244
		Filing Date September 19, 2000
		First Named Inventor Kamel Shaath
		Examiner Name C. L. Gilligan
		Art Unit 3626
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Attorney Docket No. 38898-172161
TOTAL AMOUNT OF PAYMENT		(\\$) 230.00

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	
<input type="checkbox"/> Deposit Account	Deposit Account Number:		22-0261	Deposit Account Name:	Venable LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Fee (\$)	Standard Effect
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	260	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
59	- 20 =	0 x 25.00 =	0.00	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.				Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
4	- 3 =	0 x 105.00 =	0.00	

HP = highest number of independent

3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(c).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100 -	150 -	(from page 1 to page 100)	\$10.00	\$10.00

4 OTHER FEE(S)

4. OTHER FEE(S) Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)
Other (see later filing instructions) _____

SUBMITTED BY			
Signature		Registration No (Attorney/Agent)	56,784
Name (Print/Type)	Caroline J. Swindell	Telephone	(703) 760-1676
		Date	02/08/2017